Section	Questions	Answers	
1.1	While the RFP seems to ask for the vendor to build a Health Homes Data Analysis database and tools, this paragraph implies that there	The RFP seeks a vendor to accept the current system, which contains three 6-	
1.1	is an already existing "established" Health Home Performance Measurement data system. Please confirm that the Health Home	month sets of data, and propose enhancements that would better enable the	
	· · · ·		
	Performance Measurement Data system currently exists and will be taken over by the vendor OR that the vendor is to build this	vendor to conduct analysis that will measure and quantify health outcome	
	database.	and financial impacts of the Health Homes program. This may include	
		proposing use of a separate proven data system.	
1.1	What is the current structure for the Health Home Performance Measurement data system? Who currently maintains this system?	The current system is maintained by Simplistic Analytics. The RFP seeks	
	Could South Dakota provide examples of the current performance reports? What type of financial impact analysis data is currently	alternative solutions to current performance reports, as well as future	
	being stored in the system and in what format? On South Dakota's Health Home website, there are posted workgroup meeting minutes	reports. The scope of the current vendor was limited to outcomes measures,	
	that discuss the potential of shared savings in the future, and that would require a baseline to be developed for a shared savings	so the data in the system is limited to outcomes reported by the Health	
	program. Please clarify that the shared savings model recommendation would be part of the RFP deliverables and that the shared	Homes and claims data from FY14 and FY15 to date. The vendor selected by	
	savings program baseline would be developed using the Health Home program experience in SFY14 and SFY15.	the RFP will have access to historical claims data. The shared savings model	
	savings program baseline would be developed using the relation to the program experience in 31.124 and 51.125.	should be part of the recommendation provided by the offeror. A shared	
		1	
		savings methodology would use historical data as well as and SFY14 and	
		SFY15 data and experience among other items proposed by the vendor and	
1.1	Who is currently maintaining the Health Home Performance Measurement data system? How long of a transition time should be	agreed to by DSS. Simplistic Analytics is currently maintaining this database.	
l	allotted for in the plan? If possible, please include a sample outcome submission.	http://dss.sd.gov/healthhome/outcomemeasures.aspx	
1.1	If there is a Health Homes Performance Management System, does it already have the reporting tools that are required to produce	We are not sure if there are reporting tool built in, but those tools would	
	reports built in?	remain with the existing vendor. The Vendor will be responsible to deliver	
		the data provided by both the state and the Health Homes to the new	
		vendor.	
1.1	Is the same vendor that is maintaining the Health Home Performance Measurement data system also maintaining the outcomes	Yes - these are the same system. This system is limited to data for the	
	measurement reporting system?	outcomes measures detailed in Attachments B.	
1.1	Does the current data system store aggregate data for DSS and individual health homes?	Yes	
1.1	What is the anticipated Level of Effort associated with this project?	The current vendor estimated the level of effort on transitioning the data	
		system to be relatively simple.	
1.1	How many other vendors are involved with the Health Home program and which of them will the awardee need to coordinate with	There are currently two vendors who work with this project. Sellers Dorsey	
	upon award?	has a contract to determine Health Home eligiblity and Tiering provide this	
		information back to the state on a monthly basis. The contract for the	
		current outcome data vendor (Simplistic Analytics) will expire at the end of	
1.1.1		May.	
1.1.1	The RFP describes the criteria a beneficiary must meet to qualify for the program. How is the list of eligible beneficiaries determined?	Sellers Dorsey determines Health Home eligiblity and Tiering and provides	
	Is the data from that stored and will it be available for the analysis?	this information back to the state on a monthly basis. This process is	
		accomplished using the most recent 15 months of claims data. Participation	
		is voluntary so all eligible beneficiaries do not participate in the program.	
		While we do maintain a list of eligible recipients, the State does not see why	
		this would need to be analyzed in order to meet the requirement of this RFP.	
		The list of participating beneficiaries will be provided to the successful	
L		vendor.	
1.1.1	The RFP designates the provider infrastructure. Are all providers meeting the characteristics participating? If not, is there a list of	No not every provider that meets those characteristics is participating. The	
	currently participating providers with location information?	list of participating providers will be provided to the successful vendor. The	
		South Dakota Health Home program is operational statewide.	
1.1.1	One of the core conject is "Deferred to Community Support and Social Support Services". It information on acquiring of this continued	No.	
[1.1.1	One of the core services is "Referral to Community Support and Social Support Services." Is information on provision of this service and target referral agencies captured from HH providers?	INO I	
1.1.1	The RFP indicates that reimbursement for an individual is in four tiers based on CDPS. Is the individual Tier assignment and CDPS score	The Tier is stored, but the CDPS score is not.	
1	stored?	The fiel is stored, but the CDI S store is HUL.	
1.1.1	The RFP indicates that Tier 2 through 4 are auto assigned but beneficiaries can opt out. The Department web site has a form for opting	Information about who has opted out is stored. The reason for opt out is	
	out. Is information on who opts out and why captured and stored?	also stored but this has been a evolutionary process since the program was	
		implemented.	
1.1.1	Is there a current vendor in South Dakota who is supporting the state in risk score calculation to determine the Health Home tier?	Yes, Sellers Dorsey determines Health Home eligiblity and Tiering and	
	2	provides this information back to the state on a monthly basis.	
1.1.1	Will the offeror need to demonstrate program budget neutrality as part of this RFP?	The intent is for the vendor's analysis to demonstrate the fiscal impact of	
		participation in Health Homes on overall Medicaid claims.	
1.1.1	Have the inclusion and exclusion criteria changed at any point in the program? If so, who is maintaining the methodological changes,	No	
	eligibility and opt-out records and data related to those changes?		

1.1.1	How much has been paid out over the period of the program's implementation?	The selected vendor will be given claims data for the Health Home recipients	
		as well as the amounts expended through the per member per month	
		payments.	
1.1.1, 3.1	It says that DSS has established a set of outcome measures for reporting. The Attachments to the RFP include two file layouts for	States are allowed to select their own outcome measures. South Dakota	
	measures reporting (PCP and CMHC) and the CMS measures set. Is there a high level description of the measures South Dakota has	does not currently have a high level description but is in the process of	
	adopted? Section 3.1 indicates that the Department is interested in utilization measures not included in the CMS measures, Pharmacy	developing one. The utilization and fiscal impacts of Health Home	
	for example. Could you please clarify?	participation on spending in specific areas, like Pharmacy, should be	
	for example. Could you please clarify:	· · · · · · · · · · · · · · · · · · ·	
		considered as part of the analysis.	
1.4	Given the amount of detail that South Dakota is requiring in the response, is it possible to extend the Submission deadline to 5/1/2015	No. DSS seeks to secure a vendor to begin work on the performance measure	
	to allow Offerors time to address all the detail required?	analysis related to this RFP before the end of the current fiscal year	
		resultomg in deliverables deonstrating impact in early fall.	
3.1	The contract period, including the option years, runs through 2018. Will the "State-defined program performance periods" be adjusted	The "State-defined program performance periods" will be adjusted to	
	to accommodate new program data, or will the scope be limited to these 2 years of data?	accommodate new program data in future program years.	
3.1	Section 3.1 of the RFP describes the vendor's role on this project as "The offeror will develop and conduct a comprehensive	The measures for this program include the outcome measures as defined in	
5.1	methodology to analyze the program expenditures and utilization to quantify the financial impact to Medicaid resulting from the	Attachment B Part 1 and Part 2. We believe that the the measures in	
	provision of the Health Home core services." However, there are several references to outcomes and other types of measures in the	Attachmend C are incorporated into the South Dakota Health Home measure	
	RFP, and in its guidance to states CMS has emphasized the inclusion of metrics other than cost and utilization. Can the state clarify the	set. Please note that the outcomes measures in Attachments B are subject to	
	scope of measures that it wants to include in the evaluation of health home program performance?	change	
3.1	The scope of work defines baseline and performance periods. Have shared savings been calculated for state fiscal year 2014, or is it	Shared Savings has not been calculated. it intended that the offeror who	
	intended that the offeror who recommends a shared savings methodology will do this retrospectively? Please clarify that the health	recommends a shared savings methodology will conduct the analysis.	
	home experience in SFY13 and SFY14 would be used by the offeror to propose a shared savings methodology.	Shared savings will not be applied retrospectively. Data provided will help	
		the state determine how and when to begin a shared savings system.	
		Implementation of shared savings would require an amendment of the	
		Medicaid State Plan.	
3.1	Please clarify which "deliverable requirements" are being referenced here? Is this in reference to the requirements outlined in Tasks	The paragraph at the end of section 3.1 which reads as follows "The offeror's	
	3.2 and 3.3?	proposal should outline and describe how it will meet the following	
		deliverable requirements for the South Dakota Medicaid expenditures,	
		utilization, fiscal impact, and outcome measures associated with the Health	
		Homes (HH) Program." is in reference to 3.2 and 3.3	
		Tiomes (Tit) Frogram: 15 in reference to 5.2 and 5.5	
3.1	Please elaborate on the review and reporting for individual recipients (1.) and designated providers (3.) that DSS expects offerors to	South Dakota would like to review utilization and outcomes data for	
3.1	provide.	individual recipients as well as compare performance of like providers.	
3.2			
3.2	The final paragraph of this section states that Outcome Measures are subject to change. If Outcomes Measures and any associated data	No. Any changes would impact future reporting periods.	
	submission requirements change after providers have already submitted data, does DSS expect providers to update data that has		
	already been submitted under former data submission requirements?		
3.2.2	What is the expected total file size of the South Dakota Medicaid Claims data set? What data elements will be included?	The vendor will receive 8 files. The size of each of these files is outlined	
		below:	
		SDPROV.TXT 5MB	
		SDRECIPROLLOFF.TXT 14MB	
		SDRECIPINSU.TXT 640KB	
		SDPHARMACY.TXT 120MB	
		SDRECIPIENT.TXT 55MB	
		SDINSTCLAIMS.TXT 821MB	
		SDPROFCLAIMS.TXT 751MB	
		SDHHPART.TXT 1.6MB	
		South Dakota will provide file layouts to offerers who make a separate	
		request. Requests should be directed to Mark Close at	
2.0.0		mark.close@state.sd.us.	
3.2.2	The RFP refers to accepting claims data and maintain it in a secure format. Will information on beneficiaries and providers from the	Yes, information on beneficiaries and providers from the associated	
	associated Medicaid information subsystems also be available for analysis?	Medicaid information subsystems will be available for analysis.	
3.2.2	Is the claims data geocoded? Can you provide file layouts for the DSS source systems for claims, eligibility, and providers?	The claims data is not geocoded. South Dakota will provide file layouts to	
		offerers who make a separate request. Requests should be directed to Mark	
		Close at mark.close@state.sd.us.	
3.2.2	How will access to the Claims data be provided? Flat-file? Web Services? Microsoft Excel? Relational Database?	Secure files will be made available to the successful vendor in a text file	
	The second of the common data are provided. That their second cases, the costs are calculated as	format.	
3.2.3	What is the expected total file size of the Outcomes Measure data from the incumbent?	The data will be provided in excel for each period and the current vendor	
0.2.0	what is the expected total hie size of the Outcomes weasure data from the incumbent?	i i	
0.00		indicates file size should not be a concern.	
3.2.3	This reference indicates that there is a current vendor collecting outcomes measures. Could you tell us who that vendor is and whether	The current vendor is Simplistic Analytics. The current vendor is eligible to	
	To 111 of 1870 V 1 1 11 f 12 f 18 of	bid on this project.	
	they can bid on the current RFP? You have provided information on the reporting data structures, could you provide us file layouts for	bid on this project.	
	they can bid on the current KFP? You have provided information on the reporting data structures, could you provide us file layouts for the current measures database?	and on this project.	

3.2.3		le contract de la con
3.2.3	In what format is the quality measure data collected and submitted by the providers and the Health Homes?	Typically data is collected within the electronic health records of the
		providers. Data is currently submitted in Microsoft Excel format.
3.2.3	How will access to the Quality Measure data be provided?	The successful vendor will retrieve the files via a secure website. Future periods of data will be reported directly to the vendor by the Health Homes.
3.2.3	What are the responsibilities of the current vendor as they relate to this scope of work? What types of reports has the vendor been producing for the program for CMS and for other program performance measurement? Did this vendor produce the PMPM rates being paid to the Health Homes? Will the PMPM rates need to be evaluated as part of this RFP?	Current vendor's contract can be located at http://open.sd.gov/contracts/08/15-0800-076.pdf. This vendor was not involved in the establishment of the PMPM rates. PMPM rates are not part of this RFP. To date South Dakota has not been required to produce or submit reports to CMS.
3.2.4	Please clarify expectations related to this task, specifically the scope of efforts around "facilitation?" In addition to accepting submissions from health home providers, does this task include the provision of technical assistance to providers on how to report the necessary information for each measure?	Yes, the selected vendor will provide technical assistance to Health Homes as well as conduct quality review regarding accuracy of data submitted.
3.2.4	How are data transferred from health homes currently?	Health homes use the existing vendor's secure site to upload the data. We would expect the new vendor to provide the reporting mechanism.
3.2.5	Could South Dakota please provide clarification of what type of validation the contractor will need to conduct on the Health Homes measure submissions?	South Dakota would expect the vendor to review the incoming data for inaccuracies that may impact the results of the data, validate that all Health Homes submitted data and that data has been received for every recipient where the Health Home provided a core service.
3.2.6	What are the expectations on how frequently quality and claims data be updated to make revised reports available? Are there expectations for revised reports more frequently then semiannually?	Claims data will be sent monthly, outcomes data is submitted biannually. South Dakota would want Health Homes to receive their individual reports bi annually once all the data is submitted and would want biannual reports in approximately February and August.
3.2.7	Does South Dakota have a set of measures intended for the quality comparison or will the contractor work with the state to develop potential measures?	The measures South Dakota would like to use are outlined in Attachment B, Part 1 and Part 2
3.2.8	Does SD have reporting frequency, report contents, and reporting periods currently defined? If so, would the State please share examples or requirements?	South Dakota does not currently have the report contents defined. We are open to recommendations about what this report should contain from the vendor.
3.2.8	Will these reports be disseminated to the Health Homes or will they only be used internally? If South Dakota will distribute these reports to the Health Homes, is there a preferred method or expectation for distribution?	Individual aggregate reports of quality indicators will be provided back to each Health Home. South Dakota will disseminate the reports, but will work with the vendor to remediate any concerns Health Homes may have about their report.
3.3	Please provide current specifications for inclusion and exclusion criteria that DSS uses for recipient enrollment in each health home. This will likely affect methodologies proposed by offerors.	Inclusion criteria: Member has two or more chronic diseases or has one chronic condition and is at risk for another (defined separately). Chronic diseases include: Asthma, COPD, Diabetes, Heart Disease, Hypertension, Substance Abuse, Obesity, Musculoskeletal and Neck/Back disorders. At-risk conditions include: Pre-Diabetes, tobacco use, cancer, hypercholesterolemia, depression, and use of 6+ chronic medications. ICD-9 codes for these disorders have been defined by Sellers Dorsey and provided to DSS; Member has a single occurrence of a diagnosis for Severe Mental Illness or Emotional Disability, limited to schizophrenia, bipolar, major depression, mood disorders, Ethyl Alcohol-related psychotic disorders, anxiety, personality/social disorders, Attention Deficit Hyperactivity Disorder. Members will be currently eligible for Medicaid, as determined by the eligibility file provided by DSS. Exclusion criteria: Members who are currently eligible with a mailing address is out of state AND in the custody of the state in aid categories: 53, 54, 55, 57, 65, 67 will be excluded. Adjustment criteria — Members who have had a claim filed by a LTC provider within the last three months prior to the claims period end will be assigned automatically to Tier 1.
3.3	Does DSS have any expectations for the number of alternative proposed methods to be discussed in the offeror's response to this RFP?	No .
3.3	What inputs does South Dakota believe goes into the Fiscal Impact analysis?	South Dakoa anticipates the primary input for the fiscal analysis would be Medicaid claims data. Offerors are encouraged to offer additional inputs.
3.3.3	Are Health Home PMPMs to be adjusted by Medicaid fee schedule changes on a prospective basis?	Health Home PMPMs are subject to adjustment based on aggregated cost report data submitted by the Health Homes.

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